

PR001  
05-Dec-13

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



1. Accident Type: Fatal Injury		2. Accident Classification Explosives and Breaking Agents		3. Date/Time of Accident 12/04/2013 02:44 PM		4. Date/Time of Death 12/04/2013 02:44 PM		5. Fatal Case No 19				
6. Mine Information :												
a) Mining Company Name Bayer Construction Company, Inc.			b) Mine Name Kansas Falls Quarry			c) Parent of Mining Company Bayer Construction Company Inc						
7. Mine Location : a) City Junction Qty			b) County Geary		c) State KS		8. Mine ID Number: 14-01666		9. Union: NO			
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M		11. Number of Mine Employees:		a) Total 26		b) Underground 18		c) Open Pit/Quarry 6		d) Mill/Prep Plant 2		
12. Contractor Name:						13. Union		14. Contractor ID Number:				
15. Contractor Address:			a) City		b) County		c) State		d) Zip Code			
16. Number of Contractor Employees:			a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other	
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:						
a) Mine Employees: 16			b) Contractor Employees:			a) Mine Employees: 0			b) Contractor Employees:			
19) Location of Accident <input type="checkbox"/> 01-Underground <input type="checkbox"/> 02-Surface at Underground		<input checked="" type="checkbox"/> 03-Open Pit <input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 07-Advance Mining <input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 30-Mill/Prep Plant <input type="checkbox"/> 99-Office Facility		<input type="checkbox"/> Other (specify) Feet Inches				
21. Nonfatal Injuries:		22. Fatal Injuries:		1								
23. Victim Information :			a) Name Stephen W. Hetzler		b) Age 63							
c) Regular Job Title: Lead Man			d) Activity at Time of Accident: Detonating blast			<input checked="" type="checkbox"/> Mine Employee						
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days				
a) Total:		16 24 0		b) at the mine: 7 30 0		c) at activity (23d) 5 0 0		d) with Contractor				
25. Autopsy Performed: If Yes, Location YES Kansas Qty, KS						26. Mine Telephone No.: (785) 776-8839						
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The victim detonated a blast and was struck by fly rock from the blast..												

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:				29. Model:					
30. District: M6000 Rocky Mountain		32. Field Office: Topeka KS				33. Event Number: 6615554			
34. Accident Investigator: Lee A. Hughes				35. MSHA Person Notified: Hillary Smith		Date 12/04/2013		Time 02:57 P	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Mike Harcher <i>mh</i>				Date 12/05/2013			
38. Reason For Amendment:									